

Performers**Lead Organization****Proposal Date**

Type of Business: Lar Small Disadvantaged Other Small HBCU
 Other Non-Profit Other Educational Minority Institutions

Volume 1
Technical Proposalplease indicate volume number with a check - ✓
Cost Proposal

Volume 2

Subcontractor/Team Members**Proposal Title****Keywords (5 words)****Technical Abstract****Technical POC****Administrative POC****Last Name:****Last Name:****Salutation:** _____ **First Name:** _____**Salutation:** _____ **First Name:** _____**Street Address:****Street Address:****City:****City:****State:** _____ **Zip:** _____**State:** _____ **Zip:** _____**Telephone:** _____ **Fax:** _____**Telephone:** _____ **Fax:** _____**E-mail:** _____**E-mail:** _____**Cost Summary (Cost to Government)****Total Duration
(Months)*****Phase I
Cost
(18
Months)****Phase II Cost
(18 Months)****Total Cost
(36 Months)**

* - Figure should include all options

**Year 1 Cost
(12
Months)****Year 2
Cost
(12
Months)****Year 3
Cost
(12
Months)**